

1/04/17

:15PM

Jelen Accounting Services Inc

(305)591-9167

p.02

L15000206921

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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(((H16000306134 3)))



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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : JELEN ACCOUNTING SERVICES, INC
Account Number : I20120000052
Phone : (305)591-9180
Fax Number : (305)591-9167

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: info@jelenaccounting.com

17 JAN -4 AM 10:17
TALLAHASSEE, FLORIDA
JEL

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
YOURWASH LLC**

Certificate of Status	0
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JAN-05-2017

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Help

ARTICLES OF AMENDMENT TO ARTICLES OF ORGANIZATION OF

YOURWASH LLC

(Name of the Limited Liability Company as it now appears on our records.)
(A Florida Limited Liability Company)

The Articles of Organization for this Limited Liability Company were filed on 12/11/2015 and assigned
Florida document number L15000206921.

This amendment is submitted to amend the following:

A. If amending name, enter the new name of the limited liability company here:

The new name must be distinguishable and contain the words "Limited Liability Company," the designation "LLC" or the abbreviation "L.L.C."

Enter new principal offices address, if applicable:

(Principal office address MUST BE A STREET ADDRESS)

9620 SW 47TH ST

MIAMI FL 33165

Enter new mailing address, if applicable:

(Mailing address MAY BE A POST OFFICE BOX)

9620 SW 47TH ST

MIAMI FL 33165

B. If amending the registered agent and/or registered office address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent:

New Registered Office Address:

Enter Florida street address

Florida

City

Zip Code

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amending Authorized Person(s) authorized to manage, enter the title, name, and address of each person being added or removed from our records:

MGR = Manager

AMBR = Authorized Member

<u>Title</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
AMBR	DA SILVA FERNANDO	8245 NW 108TH AVE. UNIDAD 3	<input type="checkbox"/> Add
		DORAL FL 33178	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMBR	DA SILVA GROUP AND ASSOC	9100 NW 79TH AVE BAY 7	<input type="checkbox"/> Add
		HIALEAH GARDEN FL 33018	<input checked="" type="checkbox"/> Remove
			<input type="checkbox"/> Change
AMHR	FRANCISCO ORTEGA PEREZ	9620 SW 47TH ST	<input checked="" type="checkbox"/> Add
		MIAMI FL 33165	<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Change

D. If amending any other information, enter change(s) here: *(Attach additional sheets, if necessary.)*

E. Effective date, if other than the date of filing: 12/14/2016 (optional)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

If the record specifies a delayed effective date, but not an **effective time**, at 12:01 a.m. on the earlier of:

(b) The 90th day after the record is filed.

Dated 12/14/ 2016

Signature

Signature of a member or authorized representative of a member:

DA SILVA FERNANDO

Typed or printed name of signee



January 4, 2017

FLORIDA DEPARTMENT OF STATE
Division of Corporations

YOURWASH LLC
8373 LAKE DRIVE
108
MIAMI, FL 33166

SUBJECT: YOURWASH LLC
REF: L15000206921

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Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren
Regulatory Specialist II

FAX Aud. #: H16000306134
Letter Number: 117A00000109

Enclosed 5 pages!

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